



"An Internationally Accredited Agency"

## COLUMBIA COUNTY SHERIFF'S OFFICE

Clay N. Whittle, Sheriff  
2273 COUNTY CAMP ROAD  
POST OFFICE BOX 310  
APPLING, GEORGIA 30802-0310  
(706) 541-1043



### LEOSA Retiree Registration Form

Qualification Date Requested: \_\_\_\_\_

☐ Records Check: Date: \_\_\_\_\_ By: \_\_\_\_\_  
Name ID #

☐ IAD Check: Date: \_\_\_\_\_ By: \_\_\_\_\_  
Name ID #

Current Handgun Permit? ☐ Y ☐ N If Yes: \_\_\_\_\_  
Permit Number State

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Retirement Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City, State County Zip

Sex: ☐ M ☐ F Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
MM/DD/YYYY

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Other

Type of Weapon: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Type of Weapon: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

1. Have you ever been LEOSA certified by the Columbia County Sheriff's Office?	<input type="checkbox"/> Y	<input type="checkbox"/> N
2. Have you ever been served with an ex-parte or protection order for domestic violence?	<input type="checkbox"/> Y	<input type="checkbox"/> N
3. Have you ever been charged with, arrested for, or convicted of any violation of criminal law?	<input type="checkbox"/> Y	<input type="checkbox"/> N
4. Did you retire for reasons of mental instability?	<input type="checkbox"/> Y	<input type="checkbox"/> N
5. Have you ever been confined or committed to a mental institution or hospital for treatment or observation for a mental or psychiatric condition on a temporary or permanent basis?	<input type="checkbox"/> Y	<input type="checkbox"/> N
6. Have you ever been attended, treated, or observed by any medical doctor, psychiatrist, hospital, or institution, including voluntary commitment, for any mental or psychiatric condition?	<input type="checkbox"/> Y	<input type="checkbox"/> N
7. Are you addicted to or have you ever been addicted to alcohol, any controlled dangerous substances, or dangerous substances; or are you currently being treated for alcoholism, addiction to controlled dangerous substances, or addiction to any dangerous substances?	<input type="checkbox"/> Y	<input type="checkbox"/> N

#### ON ATTACHED CONTINUATION FORM, PLEASE INCLUDE THE FOLLOWING:

- If you answered YES to any of the above questions, please provide detailed explanation of each.
- Give full details of prior denial, suspension, revocation, or termination of your handgun permit, license, certification or registration in Georgia or any other state or jurisdiction.
- You are required to report on the continuation sheet if you are on parole, probation, or mandatory supervision.

## **AFFIDAVIT**

**Name:** \_\_\_\_\_  
Last First Middle

**Before Retirement** (check one):

- \_\_\_\_\_ I was regularly employed as a law enforcement officer for fifteen (15) or more years aggregated.
- \_\_\_\_\_ I retired after completing probation due to a service-connected disability as determined by the agency I retired from.

**Please read and initial next to each of the below statements:**

- \_\_\_\_\_ I understand that in order to carry a concealed firearm as a qualified retired law enforcement officer in accordance with the Law Enforcement Officers Safety Act of 2004, 18 U.S. C. 926C, I must satisfy certain basic criteria. My satisfaction of the certification criteria will be established based on my answers to these questions.
- \_\_\_\_\_ I was authorized to engage in or supervise the prevention, detection, investigation, or prosecution of, or incarceration of any person for any violation of law, and I had statutory powers of arrest.
- \_\_\_\_\_ I have non-forfeitable rights to benefits under my agency's retirement plan.
- \_\_\_\_\_ I am not under the influence of alcohol or another intoxicating or hallucinatory drug or substance, and I will not carry a firearm while I am under the influence of alcohol or another intoxicating or hallucinatory drug or substance.
- \_\_\_\_\_ I am not prohibited by state or federal law from receiving a firearm.
- \_\_\_\_\_ I understand that the definition of firearm does not include any machine gun, firearm silencer, or destructive device.
- \_\_\_\_\_ I understand that I must carry my Georgia POST LEOSA card along with my photo ID issued by my agency when I carry a concealed weapon.
- \_\_\_\_\_ I understand that my LEOSA certification expires twelve (12) months from its issue date.
- \_\_\_\_\_ I understand that my Law Enforcement Officers Safety Act of 2004, 18 U.S.C. 926C, does not give me any rights whatsoever to exercise law enforcement authority or take police action under any circumstances.

I do hereby declare and affirm under penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information, and belief, and I so indicate by signing below. I understand that by signing this form, I agree to allow the Columbia County Sheriff's Office to conduct a criminal history and motor vehicle administration check as part of this application process.

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO:**

Columbia County Sheriff's Office  
Attention: Training  
2273 County Camp Road  
Post Office Box 310  
Appling, GA 30802

**Subscribed and sworn to before me:**

Notary Public \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

My Commission Expires \_\_\_\_\_



## LEOSA APPLICATION CONTINUATION FORM

**Name:** \_\_\_\_\_  
Last First Middle

[illegible]



## **Georgia Peace Officer Standards & Training Council**

### ***Application Instructions for Annual Firearms Qualification Certificate***

### **Application Instructions**

All application sections must be completed prior to submission for proper processing. Incomplete applications will not be processed.

### **E-mail Address Preferred**

P.O.S.T. prefers to send notices regarding any problems identified in the application via e-mail. Please be sure to include a current e-mail address if possible. Notices sent by U.S. Mail will be subject to normal shipping and delivery time.

### **Fee**

The fee of *\$15 per weapon type* used in qualifications must be remitted with the application (certified checks or money orders ONLY). Revolver and semi-auto are the two weapon types for this form.

### **Agency Credentials**

A copy of agency credentials (*agency from which the officer retired from*) documenting retired status must be attached in order to process this application. In lieu of credentials, a letter from the agency indicating retired status will suffice.

### **P.O.S.T. Certified Firearms Instructor**

The firearms instructor must complete the verification and attestation section. The firearms instructor must have received their certification from the Georgia Peace Officer Standards & Training Council prior to conducting the retired officer's firearms qualification.

Officers that have completed the firearms instructor training course and have not submitted their P.O.S.T. Firearms Instructor Certification application to receive their certification are not eligible to conduct firearms qualifications. If an individual is uncertain if they have a firearms instructor certification, they should check their P.O.S.T. Officer profile at [www.gapost.org](http://www.gapost.org) to see if a firearms instructor certification is listed.

### **Falsified Applications**

Supplying false information or acquiescing in false information being supplied on this application is a violation of the Criminal Code of Georgia (Ga. L. 198. pp. 1249, 1320) and, upon conviction is punishable by a fine of not more than \$1000 or imprisonment for less than one (1) year nor more than five (5) years, or both.

### **Mailing**

Please mail the application along with the required fee to the following address:

**Georgia POST Council  
P.O. Box 349  
Clarkdale, GA 30111-0349**

### **Contact Information**

Please contact Lena Avis with any questions regarding your application at e-mail address [lavis@gapost.org](mailto:lavis@gapost.org) or by phone at 770-732-5797.



**Georgia Peace Officer Standards & Training Council**  
**Application for Annual Firearms Qualification Certificate**  
**For Retired Officers**

**Enclosures**

☐ **Agency Credentials REQUIRED:** Check here to indicate that agency credentials are attached.

**Fees:** \$15 per weapon type used in qualification [*non-refundable*]

**Total Fees**

**Enclosed:**

**Personal Data & Attestation - Section I**

Last Name

First Name

Middle Name

Suffix Name (Jr., Sr., II, III, etc.)

Date of Birth

Agency Retired From (**required**):

Social Security #:

Race

Gender/Sex:

Street

Apt #

City

State Georgia

Zip Code

E-mail Address

PHONE# (AREA CODE) - NUMBER

**Attestation of Retired Officer:** I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Retired Officer Signature

\_\_\_\_\_  
Date

**P.O.S.T. Certified Firearms Instructor Verification - Section II**

Firearms Range Where Qualified

Qualification Date

Firearms Instructor Full Name (Print)

Firearms Instructor

E-mail address

This retired officer qualified with the following weapon type(s) for this application:

☐

Revolver

☐

Semi-auto

**Attestation of Firearms Instructor:** I attest and affirm that the retired peace officer is from a federal, state, or local law enforcement agency and has successfully completed the required firearms qualification and training on the "Use of Deadly Force" as required by P.O.S.T. Rule 464-5-.03.1

\_\_\_\_\_  
P.O.S.T. Certified Firearms Instructor Signature

\_\_\_\_\_  
Date

**NOTE:** P.O.S.T. Certified Firearms Instructors receive their P.O.S.T. Firearms Instructor certification **ONLY** after completing the required training **and** completing a P.O.S.T. Firearms Instructor Certification Application. Supplying false information or acquiescing in false information being supplied on this application is a violation of the Criminal Code of Georgia (Ga. L. 198. pp. 1249, 1320) and, upon conviction is punishable by a fine of not more than \$1000 or imprisonment for less than one (1) year nor more than five (5) years, or both.

**Mail completed form to: GA POST Council, P.O. Box 349, Clarkdale, GA 30111-0349**